

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

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OMB No. 0938-0193

State/Territory: New Mexico

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

The New Mexico Medicaid program covers those medically necessary major organ transplant services which are not considered unproven or experimental by the Medicaid program or its Utilization Review Contractor for the condition for which they are intended or used.

Kidney and cornea transplants are covered by the Medicaid program without prior approval. Written prior approval must be obtained for reimbursement for the following covered transplants services:

- 1) Heart;
- 2) Liver;
- 3) Heart-lung;
- 4) Lung; and
- 5) Bone Marrow.

A transplant is considered unproven or experimental if it meets any of the following conditions:

- 1) The procedure does not have final approval from the appropriate government regulatory agencies, if such exist.
- 2) The procedure is not currently recommended by the appropriate recognized national professional peer organization if such exists and if chartered to review the particular type of procedure.

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DATE REC'D <u>4-1-94</u>	
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- 3) As determined by the Medical Assistance Division, the current scientific evidence, published in appropriate professional peer reviewed journals, does not substantiate the following conclusions concerning the effect of the procedure on health outcomes:
- a) The procedure must improve the new health outcome.
 - b) The procedure must be at least as beneficial as any established alternatives.
 - c) The procedure must be associated with no more risk to the patient than any established alternatives or the risk to benefit ratio must be at least as favorable as established alternatives.
 - d) The improvement must be attainable outside the investigational setting.
- 4) A written informed consent required by the treating facility or a research protocol being executed by the treating facility makes reference to the procedure as being experimental, investigation educational, for a research study, or posing an uncertain outcome or having an unusual risk.
- 5) The procedure is the subject of an on-going phase, I, II or III clinical trial or an on-going review by an Institutional Review Board.

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- 6) Local peer review of the procedure by the appropriate professional determined that the procedure falls outside accepted professional standards of health care.

To be reimbursed for services, facilities performing the procedures must be certified by the State's Licensing and Certification Bureau and/or by the Health Care financing Administration as state transplantation center.

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